## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02-21-08	Address:	118 W. WASIITINGTON ST
Case #:	<u>52-44756</u>		SHELBYVILLE, IN
County:	SHELBY		<u>46176</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
_	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding X Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
X Flammable Solvents: <u>VEHCILE</u>			
X Water Reactive Metal (Lithium): <u>VEHICLE</u>			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
X Corrosive Acid: <u>VEHICLE</u>			
Corrosi	ve Base:		
Other (i	item and location):		• .
			•
X Yes 2 ( ☐ No	er age 18 discovered (check one) number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	<u>e Information</u> le/Psoudoophedrine Tracking Log erchant Tip <u>AFFIC STOP</u>
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: <u>SIJELBYVILLE</u>	Fax: <u>317-3</u>	<u>392-5121</u>
Health Dep	partment: SHELBY CO	Fax: <u>317-</u>	<u>392-6472</u>
Child Prote	ection Service: <u>SHFLBY CO</u>	Fax: <u>317-3</u>	<u>392-5047</u>
For further information regarding this methamphetamine laboratory, contact  Investigating Officer: TRP_BIII.LOCK Phone 812-689-5000			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.